

William R. Barnett.

Died at Rowlandville 7th dist Cecil MARYLAND

Date 1902 Jan 19 Y. M. D. Age 21 day's Native of Cecil Occupation \_\_\_\_\_

Male White Married Widew Divorced

Female Colored Single Widower Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name Wm R. Barnett Mother's Name Cecelia F. Barnett

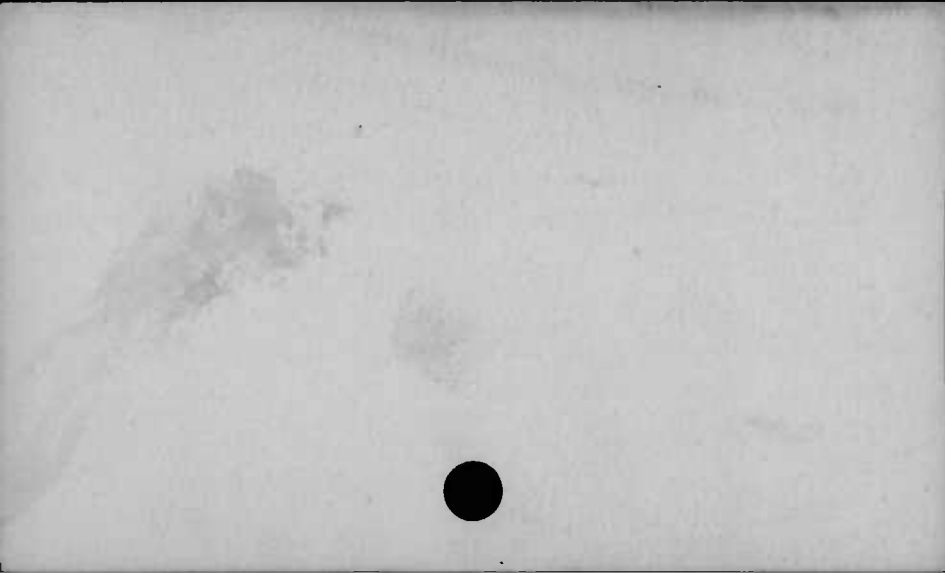
Cause of Death { Primary Erysipelas. How long sick 7 day's

Death { Immediate "Meningitis" 18 Accident, Suicide, Homicide

Reported by Ernest Rowland

Address Liberty Grove. Cecil Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 189

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Admires

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sarah Bull

Town

County

Leslie

Cecil

MARYLAND

12 Jan. 1

Age 53.3

Native of

Occupation

Pennsylvania Housewife

Female

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Thomas Bull

John Mercer Mother's Name Catherine

Cause of Primary Malign Fever

Death Immediate Accident, Suicide, Homicide

Reported by Theo A. M. M. M.

Admires North East 814

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_

James Carnahan

Died at <sup>Town</sup> near Colera <sup>6th Dist</sup> <sup>County</sup> Cecil

MARYLAND

Date 1902	Month 1	Day 29	Age 73	Y.	M.	D.	Native of Pennsylvania	Occupation Sailor
Male	White	Married	Widow	Divorced				
<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>				Number of children living	none

Husband of Elizabeth Carnahan

Wife

Father's Name James Carnahan

Mother's Maiden Name Mary Jane Carnahan

Cause of Death	Primary	Paralysis	How long sick 1 year
	Immediate		
			Accident, Suicide, Homicide

Reported by S B York Undertaker

Address Colera Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

had no Physician

Name In Full

Certificate of Death

Died at

James H Coleman

Town

Elkton

County

Becil

MARYLAND

Date 19

02

Month

Day

1 16

Age

68

Y.

M.

D.

Native of

Occupation

Laborer

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

3

Husband

of

Martha Biddle

Father's

Name

Benny Coleman

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Cancer of face

How long sick

5 years -

Accident, Suicide, Homicide

Reported by

Charles W. Mays  
Elkton Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

MARYLAND

Date 19

02

Month

Jan

Day

9

Age

17

Y.

M.

D.

Native of

Pa

Occupation

None

Male

White

~~Married~~~~Widow~~~~Divorced~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Death

Immediate

How long sick

13 yrs

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

TOLSON 1900-1901, 1902-1903



Name in Full *Elizabeth J. Denny*  
 Town *Elkton* County *Cecil*  
 Died at *Elkton* MARYLAND  
 Date 1902 1 25 Age 72  
 Sex ~~Male~~ Female White Colored Married Single Y. M. D. Native of Occupation

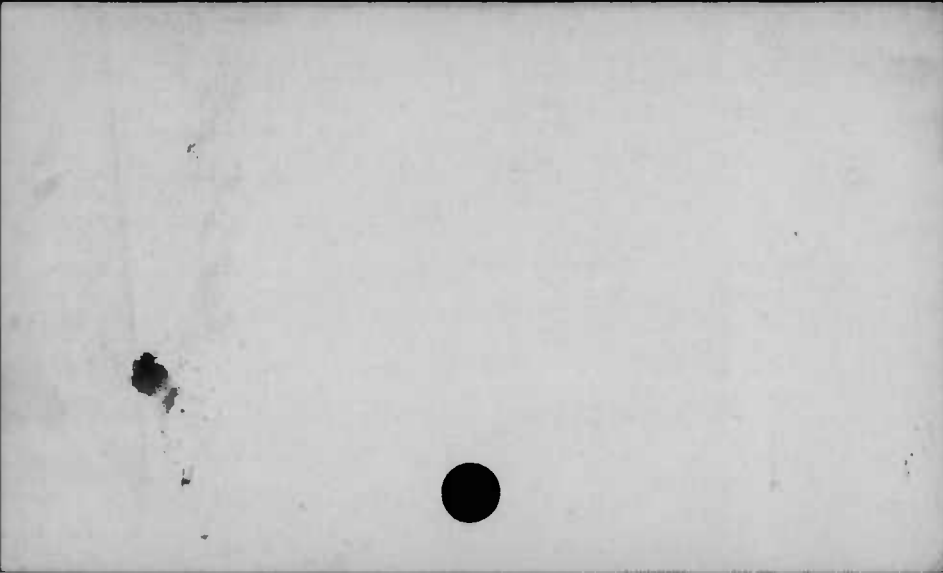
Date 1902 1 25 Age 72  
 Sex ~~Male~~ Female White Colored Married Single Y. M. D. Native of Occupation  
 Number of children living 5

Husband of *George M. Denny*  
 Wife *E. Hyatt*  
 Father's Name *E. Hyatt* Mother's Maiden Name *[Signature]*

Cause of Death { Primary *Heart Disease* Immediate  
 How long sick 4 ~~days~~  
 Accidental, Suicide, Homicide

Reported by *H. Arthur Mitchell M.D.*  
 Address *Elkton Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.  
 LIBRARY BUREAU, 70-98



Name in Full

Certificate of Death

*Martha L Eager*

Died at *Colona* <sup>Town</sup> *6th Dist Cecil* <sup>County</sup>

MARYLAND

Date 1902 *1 - 5* Month Day Y. M. D. Age *66* Native of *Penn* Occupation *housewife*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Female ~~Colored~~ ~~Single~~ Widower Number of children living *6*

Husband of *James C Eager*

Wife *James C Eager*

Father's Name *William Vance* Mother's Maiden Name *Alice Vance*

Cause of Death { Primary *Poisoning* Immediate *Exhaustion* How long sick *90* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if ~~in attendance~~, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

No Name

Town

County

Died at

Rising Sun Cecil

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 14

Age

Ma

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 8

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full *Elizabeth Ewing*  
 Died at *Round Hill* Town *8th Dist* County *Blair* MARYLAND  
 Date 1902 Month *1* Day *18* Age *73* Y. *6* M. *3* D. *5* Native of *U.S.* Occupation *H. W. F.*  
☒ Male ☐ Female ☐ White ☒ Colored ☒ Married ☐ Single ☐ Widowed ☐ Divorced  
 Number of children living *6*

Husband of *Theodore Ewing deceased*  
 Wife *John Thompson*  
 Father's Name *John Thompson* Mother's Maiden Name *Elizabeth Rankin*

Cause of Death { Primary *93.* Immediate *Influenza* How long sick *2 wks.*  
 Accident, Suicide, Homicide

Reported by *L. M. Ryan* Address *Round Hill, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma Fowler

Died at <sup>Town</sup> Rising Sun <sup>County</sup> Cecil MARYLAND

Date 19 02 Month 1 Day 5 Age 23 Y. M. D. Native of md Occupation                     

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living                     

Husband  
of  
WifeFather's Name Wm FowlerMother's  
Maiden Name Stude Reynolds

Cause of Death { Primary Membranous Croup How long sick                     

Death { Immediate Carbon dioxide poisoning Accident, Suicide, Homicide ☐

Reported by

Address

John H. Jenness  
Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Phoebe Grist-

Town Bayview County Cecil

Died at MARYLAND

Date 1902 Jan 31 Y. M. D. Age 40 Native of Pa Occupation Housewife

Male White Married Widower Divorced

Female Colored Single Widower

Number of children living 3

Husband of Nestly Tyson

Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Organic heart disease Immediate

How long sick 1 yr

Accident, Suicide, Homicide

Reported by Dr. H. J. Ford

Address [Redacted]

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alexander Harris

Died at *Marwick* Town *Cecil* County *1<sup>st</sup> Dist* MARYLAND

Date *1902* Month *Jan* Day *10* Y. *52* M.  D.  Native of *Md* Occupation *Saborer*

Male  White  Married  Widow  ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

Husband of *Annie Harris*

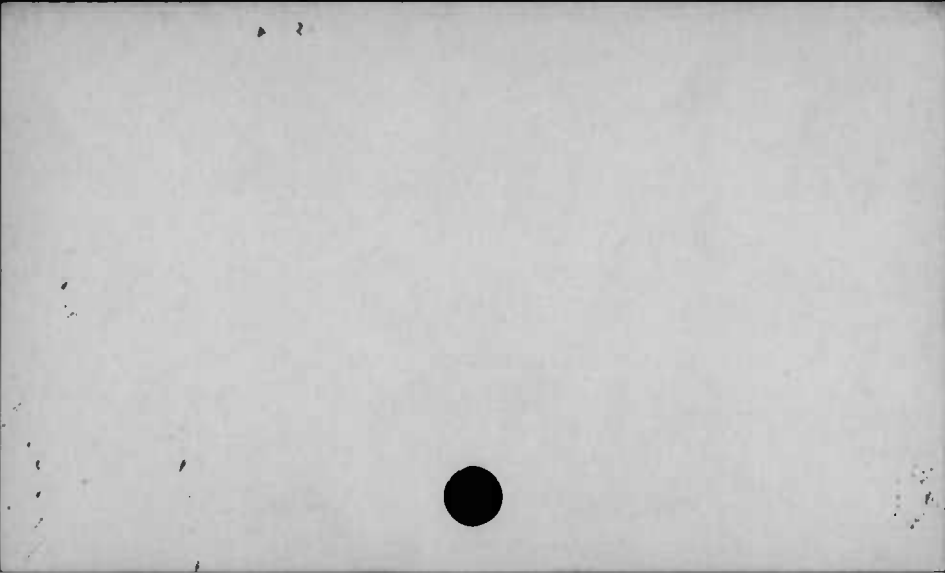
Father's Name *John Harris* Mother's Name *Not known*

Cause of Death { Primary *Pneumonia* *Q3* Immediate *Pneumonia* How long sick *Nine days*

~~Accident, Suicide, Homicide~~

Reported by *J. J. Wright M.D.*

Address *Marwick Md.*





Name in Full

Certificate of Death

Mina A Hawkins.

Town

(7<sup>th</sup> District) County

Died at

Cokesbury. Cecil.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1

11

Age

11

12

Maryland.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia.

Q3

How long sick

10 days.

Death

Immediate

Inanition.

~~Accident, Suicide, Homicide~~

Reported by

Dr H. E. Brown.

Address

Hoodlawn, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Wesley Henry

Town

County

Died at *Port Deposit*

MARYLAND

Date *1907* *Jan 11* Y. *5* M. *5* D. *5* Native of *Ind* Occupation *Iron*

Male *White* Married *Widow* Divorced *None*

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband  
of  
Wife

Father's  
Name *Unknown*

Mother's  
Name *Hellie Henry*

Cause of  
Death { Primary *Convulsion*  
Immediate

How long sick  
*12 hrs*  
Accident, Suicide, Homicide,

Reported by

Address

*H. E. Chumley*  
*Port Deposit*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Hess

Died at <sup>Town</sup> Ponds Bar <sup>near Eareville</sup> County Cecil <sup>1<sup>st</sup> Dist</sup> MARYLAND

Date 1902 <sup>Month</sup> 1 <sup>Day</sup> 25 <sup>Age</sup> 0 <sup>Y.</sup> 4 <sup>M.</sup> 3 <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup>

☒ Male ☐ White ☒ ~~Married~~ ☐ Widew ☒ ~~Divorced~~  
☐ Female ☒ Colored ☒ ~~Single~~ ☐ ~~Widower~~ ☐ Number of children living

Husband of

Wife

Fether's Name Jno Hess

Mother's Maiden Name Minnie Culey

Cause of Death { Primary Pneumonia 93  
 Immediate  
 How long sick 7 days  
 Accident, Suicide, Homicide

Reported by

Jno Morris. Undertaker  
Becaton Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Levi Hill

Town

County

Died at

Rock Springs Cecil

8<sup>th</sup> Dist

MARYLAND

Date 18

Month

Day

Y.

M.

D.

Native of

Occupation

1902 Jan 18

Age

68

6

Maryland

Laborer

Male

White

~~Married~~

Widow

~~Married~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living none

Husband

of

Wife

Father's

Name

Isaac Hill

Mother's

Name

Hannah Ailes

Cause of

Primary

Brights disease about a year

Death

Immediate

Septicemic effusion

How long sick

~~Accident, Suicide, Homicide~~

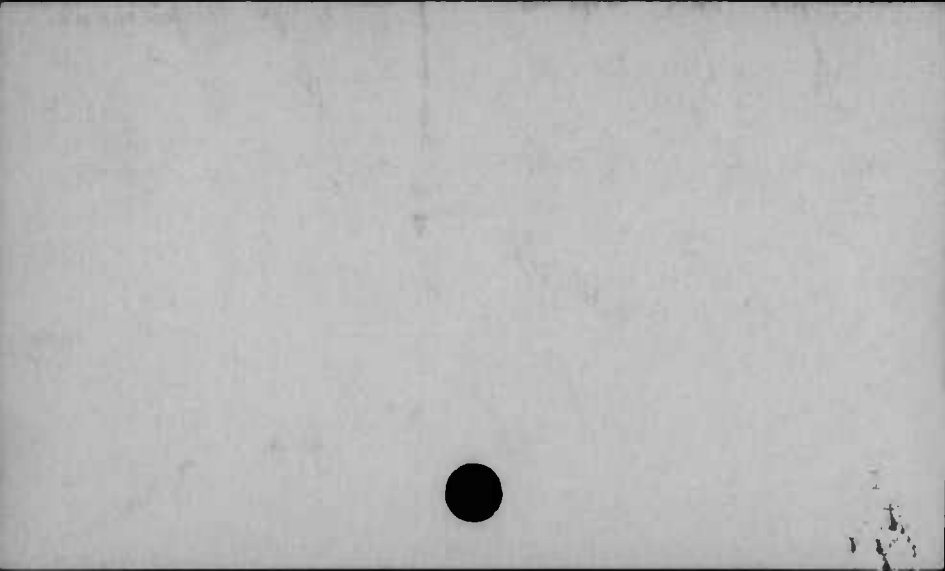
Reported by

J. A. Peoples M.D.  
Kirk's Mills Lan. Co. Pa.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

G. L. Bauffman Undertaker  
Wakefield Pa.  
LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Robert James (3rd son)  
 Died at Pleasant Hill Cecil MARYLAND  
 Month Day Y. M. D. Native of Occupation  
 Date 1890 2 1 22 Age 67 Md. Laborer  
 Male White Married Widowed Divorced  
 Female Colored Single Widower Number of children living

Husband of Caroline Pitchard  
 Wife  
 Father's Name James Pitchard Mother's Name  
 Cause of Death { Primary Organic Heart Disease 3 yrs  
 Immediate How long sick  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

North East

County

Cecil

MARYLAND

Jan 10

Age 38

Cecile

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

1 year

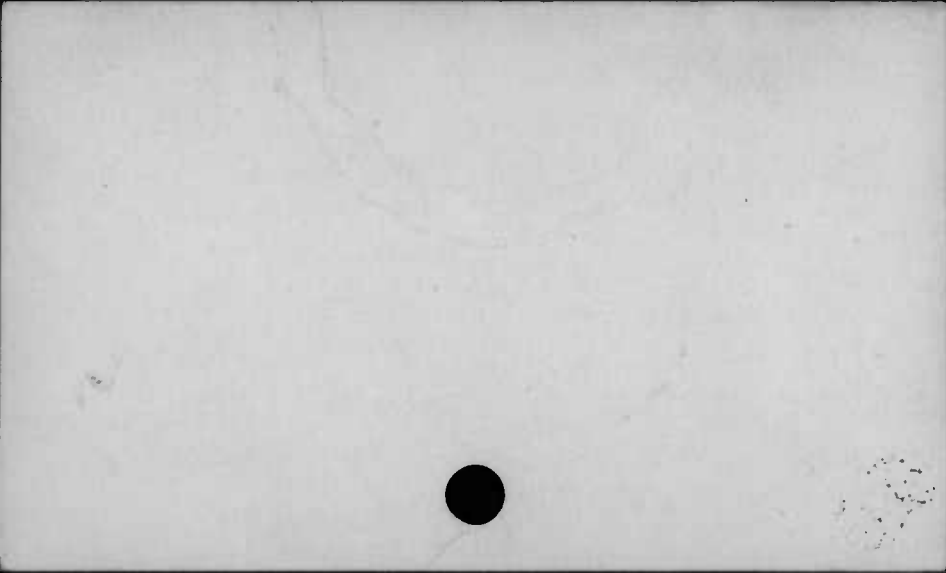
Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

North East

Md



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Occupation

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1

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Died at		Town	County	State	
Elk Neck		Beale		MARYLAND	
Date 19	02	Jan	4	Age	- - -
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	
Husband of					
Wife					
Father's Name		Peter Maker		Mother's Maiden Name	
				Ladie Maker	
Cause of	Primary	Still born			How long sick
Death	Immediate				Accident, Suicide, Homicide
Reported by					
Lousia Brooks, Midwife					
Address					
Elk Neck Beale Co Md					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					





Adalade Medders

Town

County

Died at

Friedriktown

Cecil

1<sup>st</sup> Dist

MARYLAND

Date

1902

Month

Day

1

14

Y.

M.

D.

Age

69.

Native of

State

Occupation

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living - 2

Husband

of

Wife

Father's

Name

Mother's

Name

154

Cause of

Primary

Inattention &amp; inability to feed

How long sick

Three weeks

Death

Immediate

Old age

~~Accident, Suicide, Homicide~~

Reported by

Undertaker.

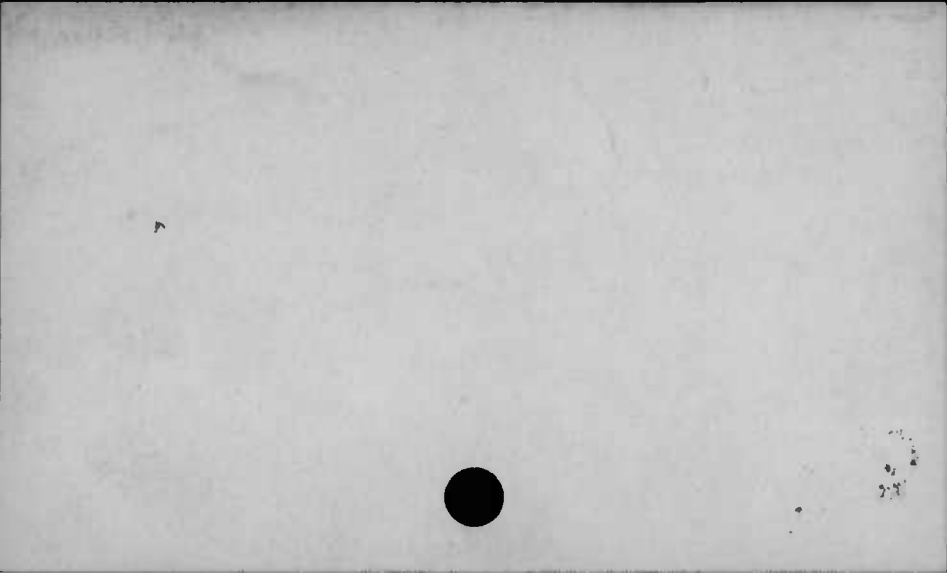
Wm Hickel

Address

Galena

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Matilda Willbourn

Town *Near Leeds* County *Cecil* MARYLAND

Died at *Near Leeds*

Date 1902 *Jan 19* Month *Jan* Day *19* Y. *88* M. *1* D. *12* Native of *Delaware* Occupation *Housewife*

*Male* ☒ *White* ☒ *Married* ☒ *Widow* ☒ *Single* ☒ *Female* ☒ *Number of children living* *6*

~~Wife~~ of *Samuel W. T. Willbourn*

Father's Name *Sam. Hershey* Mother's Maiden Name *Donot Keene*

Cause of Death { Primary *Old age and general debility* Immediate *no.* How long sick *6 months* Accident, Suicide, Homicide

Reported by *Dr. Bratton* Health Officer

Address *Elkton - Cecil* *Cecil* *154*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

David Moore

Town

County

MARYLAND

Died at

Ecklin

Cecil

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 3

Age 58

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Pneumonia

How long sick

4 days

Death Immediate

Accident, Suicide, Homicide

Reported by

H. Arthur Mitchell M.D.

Address

Ecklin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Moore

Town

County

Died at

MARYLAND

Date 1892	Month June	Day 6	Y. 86	M. 9	D. 6	Native of	Occupation
Male	White	Married	Widow	Divorced			Tailor
Female	Colored	Single	Widower			Number of children living	2

Husband of

Widow

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_



Name in Full

Certificate of Death

*See Matheson Trickle*

136

Died at *Leon Woodlawn* Town *Leon* County *Wood* *Wood* MARYLAND

Date 19 *02* *July* *16* Month Day Y. M. D. *Ind* Native of *Ind* Occupation *Infant*  
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~  
 Female *Colored* *Single* ~~Widower~~ *Number of children living*

Husband of \_\_\_\_\_  
 Wife

Father's Name *Wm Andrew Trickle* Mother's Name *Anna S. Brown*

Cause of Death { Primary *Acute congestion of lungs* Immediate *Heart failure* How long sick *few days*  
 Accident, Suicide, Homicide

Reported by *S. G. Fisher*

Address *Port Defoist, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Lottie T. Parker

Died at

Carters Mills Cecil

MARYLAND

Date 19

02 Jan 13

Age

59

D.

Native of

Md

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Charles Parker

Mother's

Maiden Name

Harriet Carter

Cause of

Primary

Death

Immediate

How long sick

one week

~~Accident, Suicide, Homicide~~

Reported by

Address

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

45

Name in Full

Certificate of Death

Mrs Letitia P. Payson

Died at

Rising Sun Cecil

MARYLAND

Date 1902

Month 1 Day 17

Age 73

Y. M. D. - -

Native of

Occupation

Penn. home

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be

Franklin Payson (decd)

keeper

Mother's

Maiden Name

Scott  
Letitia P. Keeper

Primary

Paralysis

Immediate

Uremic poisoning

How long sick

5 yrs

Accident, Suicide, Homicide

Dr Geo. D. Bass

Rising Sun

Md

Signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full Julia Ann Peerman  
 Town Fair Hill County Cal (4<sup>th</sup> 2<sup>nd</sup> 5) MARYLAND  
 Died at Fair Hill Month 1 Day 14 Y. 22 M. Widow D. Widow Native of Virginia Occupation Housekeeper  
 Date 1902 Male White Age 22 Married Single Divorced Widow Number of children living 1  
 Female Colored  
 Husband of John Peerman  
 Wife John Peerman  
 Father's Name John Peerman Mother's Name John Peerman  
 Maiden Name John Peerman

Cause of { Primary Consumption 2  
 Death { Immediate Consumption  
 How long sick 16 months  
 Accident, Suicide, Homicide

Reported by

David Mackey M.D.  
Louisville Pa.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Joseph Taggard Reed

Town

County

Died at

MARYLAND

Died at Bay View Cecil  
 Date 1912 Jan 19 Age 80 11  
 Male White Married Widower  
 Female Colored Single Widower  
 Native of Maryland Occupation Farmer  
 Number of children living 4

Husband of Isabella A. Reed  
 Wife

Father's Name H. Reed  
 Mother's Name Mary Reed (H. Reed)  
 Maiden Name

Cause of Death { Primary General Writings  
 Immediate  
 How long sick 3 weeks  
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *James E. Reynolds.*

Town *Port Deposit* County *1* *County.* MARYLAND

Died at *Port Deposit*

Date *1907* *June 9* Month *June* Day *9* Y. *60* M. *Widow* D. *Widow* Native of *Port Deposit* Occupation *Widow*

Male *White* Married *Widow* Divorced *Widow*

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *1*

Husband of *Emma Reynolds.*

~~Wife~~

Father's Name *Elyse Reynolds* Mother's Name *Anna Reynolds*

Cause of Death { Primary *Apoplexy* Immediate *Heart* } *64*

How long sick *12 hrs*

Accident, Suicide, Homicide

Reported by

Address

*H. E. Clemens*

*Port Deposit* *Del.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Richardson

Died at

Rising Sun <sup>Town</sup> ~~Chatham~~ <sup>County</sup> Cecil

MARYLAND

Date 1902

Month - Day

1 30

Age

Y. M. D.

45

Native of

Ma

Occupation

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband of

Wife

Father's

Name

State Church  
Joseph Richardson

Mother's

Maiden Name

Don't know

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

How long sick

6 days

Accident, Suicide, Homicide.

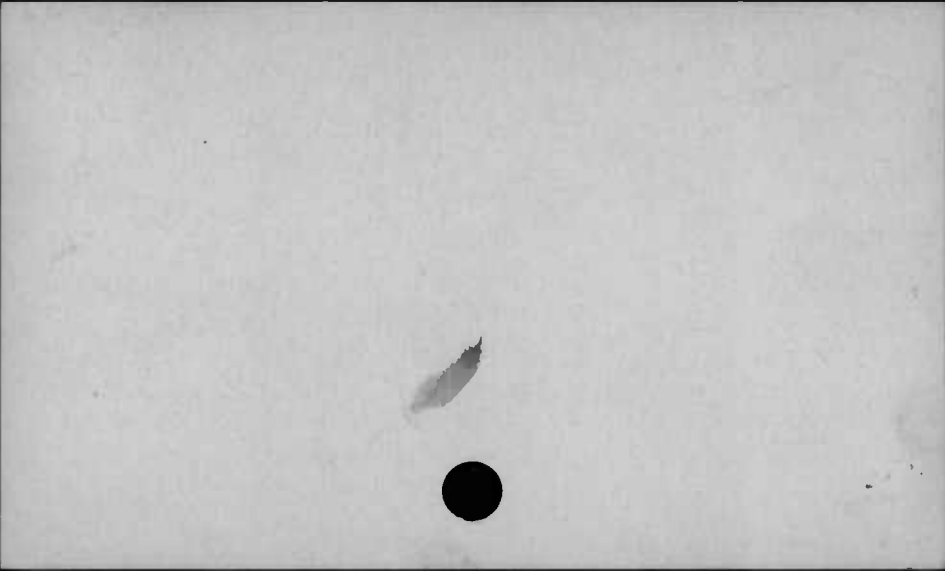
Reported by

Address

1

Bm St James P.D.  
Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Tate Richardson

Died at <sup>Town</sup> *Rising Sun 6th Dist* <sup>County</sup> *Bevier* MARYLAND

Date 19 *02* <sup>Month</sup> *1* <sup>Day</sup> *14* <sup>Y.</sup> *40* <sup>M.</sup> *—* <sup>D.</sup> *—* <sup>Native of</sup> *—* <sup>Occupation</sup> *Housewife*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~

*Female* ~~Colored~~ *Single* ~~Widower~~ *Number of children living* *2*

Husband of *George Richardson*

Wife

Father's Name *Don't know* Mother's *Don't know*

Maiden Name

Cause of Death { <sup>Primary</sup> *Pneumonia* <sup>How long sick</sup> *—*

<sup>Immediate</sup> *Nephritis Heart Failure* ~~Accident, Suicide, Homicide~~

Reported by

Address

*John O. James, M.D.*

*138*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at Port Deposit Town Carroll County MARYLAND  
 Date 1902 Month Jan Day 12 Age 27 Y. M. D. Native of Ind Occupation House  
 Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 0

Husband  
of  
Wife

Father's Name R. J. Shubert Mother's Maiden Name Born Barr

Cause of Death { Primary Still Born How long sick \_\_\_\_\_  
 Immediate \_\_\_\_\_  
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Wm Lee Smithson*

Town

County

MARYLAND

Died at

*Mr. Pleasant, Cecil*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*Jan.*

*22*

Age

*83*

*Hynd Co*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*None*

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

*Colonel Ho*

*R.R. Crothers M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Isabella Stern -

Town

County

Died at

Appleton

Cecil

(4 East)

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

11

Age

-

Penna -

Millers wife.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

two -

Husband of

Smith Stern -

Wife

Father's

Mother's

Name

Maiden Name

164

Cause of

Primary

Fracture neck of femur

How long sick

Three yrs.

Death

Immediate

Inflammation around joint from a fall -

Accident, Suicide, Homicide

Reported by

Dr. L. B. Spish -

Address

Kumblersville Penna -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Patricia Tranto*

Died at

*near Elktin* *Cal*

MARYLAND

Date 19

*02*

Month

Day

*1 11*

Age

Y.

M.

D.

*22*

Native of

*Italy*

Occupation

*Housewife*

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living

*1*

~~Husband~~

of

*Emilio Tranto*

Wife

Father's

Mother's

Name

Maiden Name

*138*

Cause of

Primary

How long sick

Death

Immediate

*Eclampsia*

Accident, Suicide, Homicide

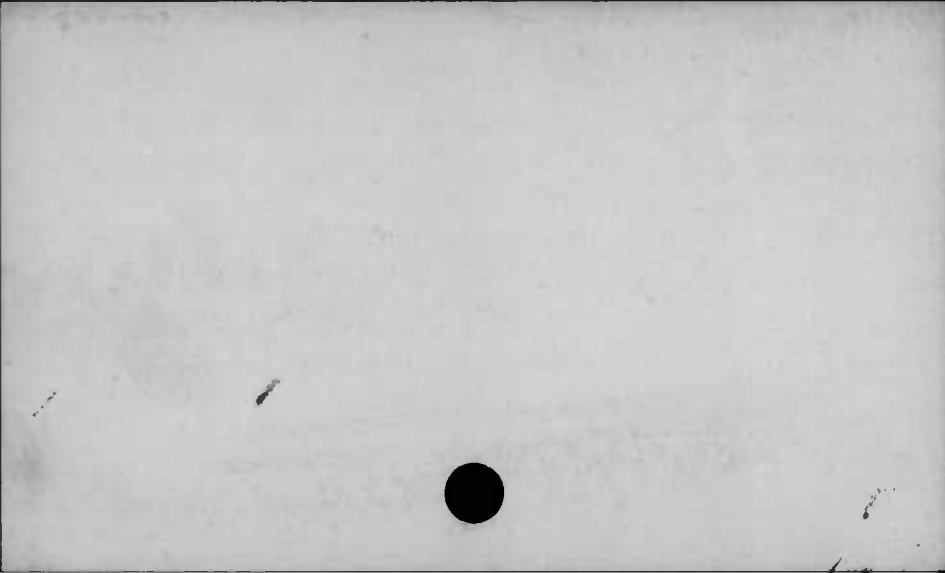
Reported by

*H. Arthur Mitchell M.D.*

Address

*Elktin, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Andrew Wilson

Died at <sup>Town</sup> Earlvile <sup>County</sup> Cecil 1<sup>st</sup> Dist MARYLAND

Date 1902 ✓ Month 1 Day 16 Age 58 - 6 - - Native of Md Occupation Laborer

Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick 3 weeks.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joanna Wilson

Died at Port Deposit - Cecil

MARYLAND

Date 1902 Jan 5 | Age 28 | Native of Md | Occupation Farmer

Male - White Married Widower Divorced

Female - Colored Single Number of children living 3

Husband of George Wilson

Wife

Father's Name Samuel Scott

Mother's Maiden Name Georgiana Scott

Cause of Death { Primary the 2nd } How long sick 3 months

Death { Immediate Pneumonia } Accident, Suicide, Homicide

Reported by Slater B. Jark Funeral Director

Address Colons

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

They had no  
Physician in attendance.

do Unknown White Man.

Town

County

Died at

2<sup>nd</sup> Dist MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

This unknown white man was  
found in the Canal on the  
afternoon of Jan 5. Could  
not be determined how long  
he had been in the water -

Coroners Jury -